

Health,
& Welfare
Public
Service
64
S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024987

STATE FILE NUMBER

FILED JUL 31 1958

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 215

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>			c. CITY OR TOWN <u>Jefferson City</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>210 Lafayette St</u>			d. STREET ADDRESS (If outside, give location) <u>210 Lafayette St</u>		
Length of stay in lb <u>63 years</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>IRENE</u> Middle <u>JANE</u> Last <u>SLATE</u>			4. DATE OF DEATH Month <u>July</u> Day <u>20th</u> Year <u>'58</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 9th 1893</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Broker</u>			11. BIRTHPLACE (City and state or country) <u>Vienna, Missouri</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>J. G. Slate</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Beard</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			14. NAME OF HUSBAND OR WIFE <u>Not Married</u>		
16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT Address <u>Robert H. Tanner, M. D., Jeff City Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertrophic arteritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Two minutes</u> <u>Years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20c. TIME OF INJURY Hour <u>1-9-58</u> Month <u>5</u> Day <u>1</u> Year <u>1958</u> a.m. <u>10</u> p.m. <u>5</u>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Death occurred at 10:51 a.m. on 7-20-58 and last saw her alive on 7-20-58</u>		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jefferson City, Mo.</u>		
20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Missouri</u>			20g. COUNTY <u>Cole</u>		
20h. STATE <u>Missouri</u>			20i. DATE RECD. BY LOCAL REG. <u>25 July 1958</u>		
22a. SIGNATURE (Degree or title) <u>R. H. Tanner, M.D.</u>			22b. ADDRESS <u>Jefferson City, Mo.</u>		
22c. DATE SIGNED <u>7-23-58</u>			22d. LOCATION (City, town, or county) <u>Jefferson City, Missouri</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>July 23rd '58</u>		
23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>			23d. LOCATION (City, town, or county) <u>Jefferson City, Missouri</u>		
24. FUNERAL DIRECTOR <u>Tanner Service, Jefferson City Mo.</u>			25. REGISTERAR'S SIGNATURE <u>R. P. Norris, M.D. - M.R.</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Donald P. Freeman*
Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Jefferson City, ...
Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.